

CONTRACTS AND PROCUREMENT DEPARTMENT OF BEHAVIORAL HEALTH 64 NEW YORK AVEUNE, NE 2ND FLOOR, WASHINGTON, DC 20002 TELEPHONE NUMBER: (202) 671-3171; FAX NUMBER: (202) 671-3395

September 8, 2016

REQUEST FOR QUOTE (RFQ) GAS DEEP FAT FRYER FOR SAINT ELIZABETHS HOSPITAL RM-16-RFQ-112-BY0-RS AMENDMENT NUMBER.: 001

TO ALL PROSPECTIVE BIDDERS: THE ABOVE REFERENCED SOLICIATION HAS BEEN AMENDED TO REFLECT THE FOLLOWING:

Question No. 001	Answer	
Are bidders able to	Yes, the Bid Submission Date for this Invitation for Bid is extended and is	
view the existing unit and kitchen?	hereby amended to reflect the following:	
	The Bid submission date has been changed from "No Later Than 1:00 P.M.	
	local time on Friday, September 9, 2016" to Bids shall be submitted "No Later Than 1:00 P.M. local time on Thursday, September 15, 2016".	
	Prospective Bidders can view Saint Elizabeths Hospital kitchen for a site visit on Monday, September 12, 2016 from 10:00 AM to 11:00 AM at the following address:	
	Saint Elizabeths Hospital	
	1100 Alabama Ave, SE	
	Washington, DC 20032	
	Main Lobby: Point of Contact Nicole Deboard and bring standard US ID verification.	

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR BID REMAIN UNCHANGED.

Only one copy of this Amendment is being sent to prospective Bidders. Bidders shall sign below and attach a signed copy of this Amendment to each Bid to be submitted to the place specified for receipt of Bids. Bids shall be mailed or delivered in accordance with the instructions provided in the original RFQ. This signed Amendment must be included with your submission in response to this RFQ.

Failure to acknowledge receipt of Amendment No.: 001 for Solicitation Number **RM-16-RFQ-112-BY0-RS** may be cause for rejection of any bid submitted in response to the subject RFQ.

Signed:

George G. Lewis, CPPO Chief Contracting Offier

Agency Chief Contracting Officer

Amendment No.: 001 is hereby acknowledged and is co RFQ-112-BY0-RS	nsidered a part of the Bid for Solicitation Number RM-16-
Signature of Authorized Representative	Date
Title of Authorized Representative	Print or Type Name of Offeror